

Fill in this information to identify the case:

Debtor Name _____

United States Bankruptcy Court for the: _____ District of _____

Case number: _____

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: _____

Date report filed: 12/6/23
MM / DD / YYYY

Line of business: _____

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: _____

Original signature of responsible party _____

Printed name of responsible party _____

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
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If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Debtor Name _____

Case number _____

17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☐ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☐ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ _____

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ _____

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ _____

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ _____

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ _____

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ _____

Debtor Name _____

Case number _____

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ _____
(*Exhibit F*)

5. Employees

26. What was the number of employees when the case was filed? _____
27. What is the number of employees as of the date of this monthly report? _____

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ _____
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ _____
30. How much have you paid this month in other professional fees? \$ _____
31. How much have you paid in total other professional fees since filing the case? \$ _____

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ _____	—	\$ _____	=	\$ _____
33. Cash disbursements	\$ _____	—	\$ _____	=	\$ _____
34. Net cash flow	\$ _____	—	\$ _____	=	\$ _____
35. Total projected cash receipts for the next month:					\$ _____
36. Total projected cash disbursements for the next month:					— \$ _____
37. Total projected net cash flow for the next month:					= \$ _____

Debtor Name _____

Case number _____

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☐ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

EXHIBIT B

Q10: The Debtor was in the process of closing its accounts but some of the accounts remained open for all or a portion of the reporting period. The October 2023 account statements for the pre-petition accounts are attached.

Q16: Cort Javarone paid the following expenses for the company in the reporting period:

<u>Expense</u>	<u>Amount</u>
Bank Fees	\$80.00
Airfare	\$619.80
Lodging	\$253.61
Transport	\$123.93
Communications	\$158.97
<hr/>	<hr/>
Total	\$1,236.31

These amounts will be treated as a capital investment by Mr. Javarone and not a loan and is further subject to the operating agreement of the Company and the rights of other members and holders.

Q18: While no checks cleared the Debtor's pre-petition accounts after the filing date, a couple of automated preauthorized expense payments totaling \$1,076.48 (for the Debtor's October Quickbooks subscription and its insurance) were initiated after the filing from the Debtor's City National Bank account ending xxxx0983:

10-16	Preauthorized Debit INTUIT * QBOOKS ONL 2217140 THE 4D FACTORY LLC CCD	200.00
10-24	Preauthorized Debit IPFS866-412-6705 IPFSPMTWAB 212746 THE 4D FACTORY, LL CCD	876.48

Note 1: The Debtor's affiliates are attempting to absorb costs/expenses beneficial to their respective interests, which costs/expenses may have previously been paid at the parent company level.

Note 2: Cort Javarone has deferred his compensation as CEO/Managing Member of The 4D Factory LLC pending availability of funds.

EXHIBIT C

Bank Fees and Credits	\$113.85
Expenses paid by Cort Javarone (Ex B)	<u>\$1,236.31</u>
Total	\$1,350.16

EXHIBIT D

Cort Javarone paid expenses for the company	\$1,236.31
Bank charges	\$70.00
Bank Charges	\$380.00
Bank Charges	\$132.95
Transport	\$10.00
Software	\$200.00
Insurance	<u>\$876.48</u>
Total	\$2,835.74

EXHIBIT E

Debtor Administrative Expenses or Professional Fees payable but not yet paid.

Regus, Rent	402.59	Incurred 10/31 for November.
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THE 4D FACTORY LLC
DEBTOR IN POSSESSION
CH 11 CASE23-11619(SNY)
300 SOUTHARD ST STE 207
KEY WEST FL 33040-8402

Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:

We accept all relay calls, including 711

1-800-CALL-WELLS (1-800-225-5935)

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (348)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Visit wellsfargo.com/digitalbusinessresources to explore tours, articles, infographics, and other resources on the topics of money movement, account management and monitoring, security and fraud prevention, and more.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

Other Wells Fargo Benefits

It's a new day for the Security Center in the Wells Fargo Mobile® app. With a new look, easier navigation, and a brand new interactive security check-up tool, you can see your security settings in one place and make sure they are up to date. It's live now, so sign-on or download the Wells Fargo Mobile app today to check it out and learn about ways to help protect your accounts and information.

Statement period activity summary

Beginning balance on 10/30	\$0.00
Deposits/Credits	25.00
Withdrawals/Debits	- 0.00
Ending balance on 10/31	\$25.00

Account number: [REDACTED] 3153

THE 4D FACTORY LLC
DEBTOR IN POSSESSION
CH 11 CASE23-11619(SNY)

NEW York account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 026012881

For Wire Transfers use
Routing Number (RTN): 121000248



Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/30		Etransfer IN Branch/Store - From Checking 437 Madison Ave NEW York NY 5782	25.00		25.00
Ending balance on 10/31					25.00
Totals			\$25.00	\$0.00	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 10/30/2023 - 10/31/2023 Standard monthly service fee \$10.00 You paid \$0.00

We waived the fee this fee period to allow you to meet one of the options to avoid the monthly service fee. Your fee waiver is about to expire. You will need to meet one of the options to avoid the monthly service fee.

How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Average ledger balance	\$1,000.00	\$25.00 <input type="checkbox"/>
• Minimum daily balance	\$500.00	\$25.00 <input type="checkbox"/>

C1/C1

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	0	100	0	0.50	0.00
Total service charges					\$0.00



 **IMPORTANT ACCOUNT INFORMATION**

Limits to your Card

Effective on or after August 28, 2023 in Selected Terms and Conditions for

- Wells Fargo Consumer debit and ATM cards
- Wells Fargo Campus debit and ATM cards
- Wells Fargo Business debit, ATM, and deposit cards
- Wells Fargo Advisors debit cards

In the section titled "Using your card," under subsection titled "Daily limits and funds available for using your Card" bullet titled "The limits for your Card" is deleted and replaced with:

The limits for your Card: We provide you your daily ATM withdrawal and purchase limits when you receive your Card. You can confirm your Card's daily limits by signing on to Wells Fargo Online or the Wells Fargo Mobile® app, or calling us at the number listed in the "Contact Us" section. Note: For security reasons there may be additional limits on the amount, number, or type of transactions you can make using your Card, including the geographic location of the ATM or merchant.

Please see the Wells Fargo debit and ATM card terms and conditions applicable to your card, which can be found at www.wellsfargo.com/debit-card/terms-and-conditions.

This notice re-establishes that Wells Fargo has the right to conduct setoff for overdrawn deposit account balances, where applicable, and in accordance with your governing Deposit Account Agreement. When we exercise this right, we may reduce funds in any account you hold with us for purposes of paying the amount of the debt, either due or past due, that is owed to us as allowed by the laws governing your account. Our right of setoff won't apply if it would invalidate the tax-deferred status of any tax-deferred retirement account (e.g., a SEP or an IRA) you keep with us. To review a copy of your Deposit Account Agreement, including the provisions related to the right of setoff, please visit wellsfargo.com/online-banking/consumer-account-fees/.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.



THE 4D FACTORY LLC
300 SOUTHARD ST
SUITE 207
KEY WEST FL 33040-8400

Questions?

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Your Business and Wells Fargo

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Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

Other Wells Fargo Benefits

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Statement period activity summary

Beginning balance on 10/1	\$48,353.89
Deposits/Credits	113.85
Withdrawals/Debits	- 48,467.74
Closing balance on 10/30	\$0.00

Account number: [REDACTED] 5121

THE 4D FACTORY LLC

California account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 121042882

For Wire Transfers use

Routing Number (RTN): 121000248



Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
10/2		Wire Trans Svc Charge - Sequence: 231002124758 Srf# Ow00003686883787 Trn#231002124758 Rfb# Ow00003686883787		25.00	
10/2		Recurring Payment authorized on 09/29 Google *Youtube Tv G.CO/Helppay# CA 5583272812332747 Card 9070		54.99	
10/2		Online Transfer to Javarone C Everyday Checking xxxxxx5849 Ref #Ib0Kw4Tfzq on 10/01/23		15,000.00	
10/2		Online Transfer Ref #Ib0Kw4Txjy to Business Card Xxxxxxxx6586 on 10/01/23		3,000.00	
10/2		WT Fed#04153 Valley National Ba /Ftr/Bnf=Spence Law Office PC Srf# Ow00003686883787 Trn#231002124758 Rfb# Ow00003686883787		10,000.00	20,273.90
10/3		Purchase authorized on 10/01 Tst* Omunaciello - Miami Shores FL 5383274852611558 Card 9070		97.50	20,176.40
10/5		Purchase authorized on 10/03 Charleston City ME 8439586471 SC 5383276763966712 Card 9070		4.25	20,172.15
10/10		Online Transfer to 4D Management LLC Business Checking xxxxxx5782 Ref #Ib0KY76Ss5 on 10/08/23		20,000.00	
10/10		Non-WF ATM Withdrawal authorized on 10/09 535 Columbus Ave NEW York NY 583282488957544 ATM ID NY2979 Card 9070		203.50	
10/10		Non-Wells Fargo ATM Transaction Fee		2.50	-33.85
10/11		Overdraft Fee for a Transaction Posted on 10/10 \$203.50 Non-WF ATM Withdrawal authorized on 10/09 535 Columbus Ave NEW York NY		35.00	
10/11		Purchase authorized on 10/11 Mta*Metrocard Machine NEW York NY P303284757010811 Card 9070		10.00	-78.85
10/12		Overdraft Fee for a Transaction Posted on 10/11 \$10.00 Purchase Authori Zed on 10/11 Mta*Metrocard Machine NEW York		35.00	-113.85
10/13		Reversal of Outstanding Account Fees Following Bankruptcy	2.50		
10/13		Credit of The Outstanding Negative Balance Following Bankruptcy	31.35		-80.00
10/26		Transfer IN Branch - From 4D Management LLC DDA xxxxxx5782 437 Madison Ave NEW York NY	80.00		0.00
Ending balance on 10/31					0.00
Totals			\$113.85	\$48,467.74	

The Ending Daily Balance may not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

This statement includes an account that has been closed and this is your final statement for that account. You will have 90 days to retrieve historical online documents for this account. Please refer to the Fee & Information Schedule for options to obtain statement copies after 90 days.

If the account that has been closed is the primary account on the statement that includes multiple accounts (a "combined statement"), this is also the final combined statement and you will also have 90 days to retrieve historical online documents for all



accounts associated with this combined statement. Going forward, you will receive separate statements for any accounts that remain open.

Thank you for banking with Wells Fargo.



IMPORTANT ACCOUNT INFORMATION

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This notice re-establishes that Wells Fargo has the right to conduct setoff for overdrawn deposit account balances, where applicable, and in accordance with your governing Deposit Account Agreement. When we exercise this right, we may reduce funds in any account you hold with us for purposes of paying the amount of the debt, either due or past due, that is owed to us as allowed by the laws governing your account. Our right of setoff won't apply if it would invalidate the tax-deferred status of any tax-deferred retirement account (e.g., a SEP or an IRA) you keep with us. To review a copy of your Deposit Account Agreement, including the provisions related to the right of setoff, please visit wellsfargo.com/online-banking/consumer-account-fees/.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

September 30, 2023 through October 31, 2023

Account Number: [REDACTED] 7975

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

00002278 WBS 021 211 30523 NNNNNNNNNNN 1 000000000 C1 0000

THE 4D FACTORY LLC
THE 4D FACTORY - OPERATING
622 NE 89TH ST
MIAMI SHORES FL 33138



Commercial Checking

Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		\$0.00	
Deposits and Credits	0	\$0.00	
Withdrawals and Debits	1	\$380.00	
Checks Paid	0	\$0.00	
Ending Ledger Balance		-\$380.00	

Withdrawals and Debits

Ledger Date	Description	Amount
10/16	Account Analysis Settlement Charge	\$380.00
Total		\$380.00

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
10/16	-\$380.00		

Your service charges, fees and earnings credit have been calculated through account analysis.

* Annual Percentage Yield Earned - the percentage rate earned if balances remain on deposit for a full year with compounding, no change in the interest rate and all interest is left in the account.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.



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CITY NATIONAL BANK

Pg 17 of 18

Page 1 (0)



AN RBC COMPANY

Account #: [REDACTED] 0983

This statement: October 31, 2023
 Last statement: September 29, 2023

Contact us:
 800 773-7100

City National Bank
 400 N Roxbury Drive
 Beverly Hills CA 90210

001
 THE 4D FACTORY LLC
 1187 COAST VILLAGE RD SUITE 443
 MONTECITO CA 93108

0830N

cnb.com

IMPORTANT: BEGINNING NOV 1, 2023, CITY NATIONAL BANK IS UPDATING OUR STANDARD PRICING AND SERVICE CODE DESCRIPTIONS FOR TREASURY SERVICES. ADDITIONALLY YOU WILL SEE AN INDUSTRY-STANDARD DEPOSIT ASSESSMENT FEE BASED ON MONTHLY AVERAGE LEDGER BALANCE REFLECTED ON YOUR NOV ACCOUNT ANALYSIS STATEMENT, IF APPLICABLE. FOR DETAILS, VISIT CNB.COM/TMFEEs. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR RELATIONSHIP MANAGER.

Analyzed Business Checking

Account Summary		Account Activity	
Account number	128090983	Beginning balance (9/29/2023)	\$11,647.65
Minimum balance	\$1,415.76		
Average balance	\$3,097.91	Credits	+ \$0.00
Avg. collected balance	\$3,097.00		
		Debits	
		Checks paid (0)	- 0.00
		Electronic db (3)	- 10,098.94
		Other debits (1)	- 132.95
		Total debits	- \$10,231.89
		Ending balance (10/31/2023)	\$1,415.76

ELECTRONIC DEBITS

Date	Description	Debits
10-3	Preauthorized Debit ANTHEM BLUE I010 CORP PYMT FLO0913402 THE 4D FACTORY LLC CCD	9,022.46
10-16	Preauthorized Debit INTUIT * QBOOKS ONL 2217140 THE 4D FACTORY LLC CCD	200.00
10-24	Preauthorized Debit IPFS866-412-6705 IPFSPMTWAB 212746 THE 4D FACTORY, LL CCD	876.48

OTHER DEBITS

Date	Description	Reference	Debits
10-19	Acct Analysis Chg ANALYSIS ACTIVITY FOR 09/23		132.95

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount	Date	Amount
9-29	11,647.65	10-16	2,425.19	10-24	1,415.76		
10-3	2,625.19	10-19	2,292.24				

Thank you for banking with City National Bank

CITY NATIONAL BANK



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC

